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To: Examiner K. Sagar **From:** Christopher A. Bennett

Fax: 703-872-9310 **Date:** September 23, 2003

Phone: 703-605-4427 **Pages:** 16

Re: 09/903,792 **CC:**
36856.527

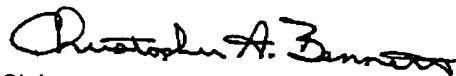
Comments:

Examiner Sagar,

Please find attached the following documents for U.S. Patent Application No. 09/903,792:

1. Amendment;
2. Modified Form PTO-1083; and
3. Credit card payment form in the amount of \$336.00.

Respectfully submitted,



Christopher A. Bennett
R.N. 46,710

MODIFIED FORM PTO-1083

Attorney Docket No. 36856.527

Date: September 23, 2003

Inventor(s): Yasuhiro NAKATA et al.

Serial No.: 09/903,792

Filed : July 12, 2001

For : CONDUCTOR PATTERN AND ELECTRONIC COMPONENT HAVING THE SAME

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT, EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE		OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
TOTAL CLAIMS <u>14</u>	20 =	-0-	X 9	\$	OR	X 18	\$ -0-
INDEP CLAIMS <u>8</u>	4 =	-4-	X 42	\$	OR	X 84	\$ -0-
FIRST PRESENTATION OF MULTIPLE DEP CLAIMS			X+ 130	\$	OR	+ 260	\$ 336.00
			TOTAL =			TOTAL=	\$ 336.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.
- Please charge my Deposit Account No. 50-1353 the amount of \$_____. A duplicate copy of this transmittal letter is enclosed.
- A check in the amount of \$____ to cover the extension fee is enclosed.
- A Credit Card Payment Form in the amount of \$336.00 to cover the additional claims is enclosed..
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1353. A duplicate copy of this transmittal letter is enclosed.
- Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



Christopher A. Bennett
Reg. No. 46,710

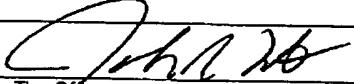
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PTO-2038 (02-2000)

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Credit Card Payment Form
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Credit Card Information

Credit Card Type:	Visa	Master Card	<input checked="" type="checkbox"/> American Express	Discover
Credit Card Account #: 3715 318560 14001				
Credit Card Expiration Date: 05/2006				
Name as it Appears on Credit Card: Joseph R. Keating				
Payment Amount: \$ (US Dollars): \$336.00				
Signature:	 Date: September 23, 2003			

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

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Street Address2:	
City: Arlington	
State: VA	Zip/Postal Code: 22202
Country: U.S.A.	
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Request and Payment Information

Description of Request and Payment Information:

Fee for Additional Claims

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/903,792	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 36856.527		Identify or Describe Mark	

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